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OFFICE RÉGIONAL DE LA SANTÉ DES PARCS

PARKLAND REGIONAL HEALTH AUTHORITY

1997/98

ANNUAL REPORT

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Vision

"Individuals, families and communities achieving the best possible health and wellness."

Mission

"To ensure that the Region's individuals, families and communities have access to a full range of health services."

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MESSAGE FROM THE CHAIR OF THE BOARD

It is with pleasure that I present, on behalf of the Governing Board, the Parkland Regional Health Authority's first Annual Report.

In reflecting on the activities, accomplishments, barriers and challenges over the last year, we recognize the impact and far reaching effects of decisions made by the Board on the health of Parkland Region today and for the future.

René Maillard
Board Chairperson

Our health system has undergone major changes in the transfer of health planning and delivery responsibilities from Manitoba Health to the Regional Health Authority. This transition is ongoing and much work is still needed to ensure that we continue to provide high quality and affordable services to meet the health needs of the residents and many visitors to the Region.

A significant decision reached by the Board this year was to adopt a Policy Governance model for its organization. This model defines the separate and distinct roles of the Board and Senior Management of the organization. With this governance model, the Board is responsible for establishing the direction and priorities of the organization and for establishing the constraints within which management works. Management, on the other hand, is responsible for the day to day activities of the Regional Health Authority, and for operationalizing the plans and priorities established by the Board.

The first Region-wide community health needs assessment was an extensive and comprehensive undertaking. Over 2,500 people throughout the Region participated in the effort. It helped form a solid foundation upon which we can plan and develop programs and services based on need. Having begun the dialogue with our communities, the Regional Health Authority needs to continue to foster it and recognize the positive long-term impact of such participation on health.

Over the past year, our Board has worked diligently at becoming familiar with issues and concerns surrounding health and health care delivery; coming together as a team; establishing the mission, vision, values and governance policies of the Regional Health Authority; communicating with our communities through public meetings, newsletters, and information sessions; creating four District Health Advisory Councils to assist in providing us with advice and input relative to smaller geographic areas; dealing with smaller budgets, less buying power, and greater public demand; accepting responsibility for provincially operated programs such as Home Care and Public Health; accepting the transfer of a number of hospitals and personal care homes from local Boards to the Regional Health Authority; and finally, the negotiation of service agreements with facilities that have not transferred operations to the Regional Health Authority.

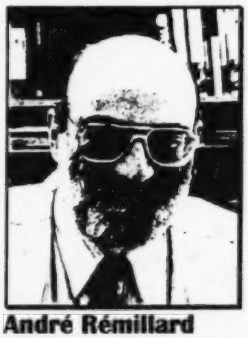
In the interests of keeping communication with the public as open as possible, the PRHA Board made a conscious decision to have all regular meetings of the Board open to the public and to rotate the venue of its meetings throughout the Parkland Region. Further, minutes of Board meetings are distributed to all facilities and community health offices in the Region and are available to the public at any of these locations.

The first year of operation has indeed been a challenging one. Clearly, we are on our way to developing an effective and efficient regional health system that is responsive to the needs of our people and our communities. I commend the management and staff of the Regional Health Authority for the effort and dedication that they have demonstrated in carrying out their duties and responsibilities over the past year. I look forward to 1998/99 as a year that improves the health service of Parkland Region through innovation, partnership, and community involvement.

René Maillard
Chairman

MESSAGE FROM THE CHIEF EXECUTIVE OFFICER

The proclamation of the Regional Health Authorities Act on April 1, 1997 has changed significantly, the way in which health services are governed, managed, and delivered in Manitoba. In assuming governance, the Board has been presented with many challenges and opportunities for the planning and development of health services and programs in Parkland Region.



André Rémillard
Chief Executive Officer

Scarce financial and human resources press the Regional Health Authority into seeking more efficient and effective ways of delivering services that meet the health needs of communities within our Region. In order to maintain health, prevent illness, and prevent the need for costly institutional service, we must continue to shift emphasis from institutional service to programs and services that support people in their homes, promote health and wellness, prevent injury and illness, and assist and encourage individuals to take personal responsibility for their health and well-being.

In shifting resources, we must maintain a delicate balance between maintaining the stability and integrity of the current system and the introduction of new programs that reduce our reliance on hospitals and personal care homes. With our aging population, unless we make these effo.ts now, our health system will not be sustainable in future.

In order to address this transition from illness treatment to health, community participation will be critical to the development of the Parkland Regional Health Authority's vision of ***"Individuals, Families, And Communities Achieving the Best Possible Health and Wellness"***. Encouraging this community participation and involvement will provide the Region with a significant challenge to the immediate future.

In reflecting on the activities of the past year, much ground has been covered and many challenges have been answered.

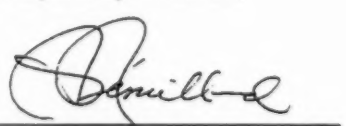
- A total of seven recreational facilities in the Region have declared themselves smoke-free in the last year. In so doing, community leaders not only promote smoke-free spaces, they also promote smoke-free lifestyles and contribute to the prevention of illness.
- Relationships and partnerships have been developed with other government and non-government organizations: Child and Family Services, the Addictions Foundation, Child and Youth Secretariat, local seniors' organizations, and the Canadian Mental Health Association to name a few.
- In Public Health, we have dealt with an outbreak of verotoxic e-coli in one community, shigella in another, and giardia (Beaver Fever) in a number communities in the region. Regional staff has undertaken major influenza and measles immunization campaigns and has continued to provide maternal/child health programs throughout the Region.
- Due primarily to increased volume and utilization, financial resources dedicated to Home Care increased by 21% over the previous year.
- A funding proposal has been submitted to Manitoba Health for the establishment of a Community Health Resource Centre in the Ethelbert/Pine River area. The project will provide nurse-managed and coordinated injury and disease prevention, health promotion, health education, and early intervention and treatment services to the residents of those communities. This program model will also be evaluated for its applicability in other under-serviced locations in the Region.
- A Community Health Assessment project of Herculean proportion was undertaken for the first time in Parkland Region. The process involved a six month time line, included 20 community meetings, 20 focus groups, a household survey, and the collection and analysis of vast amounts of health, environment, and population related information from a variety of Federal, Provincial, and Municipal sources.

- Dauphin Regional Health Centre, Gilbert Plains Health Centre, Grandview Hospital, Grandview Personal Care Home, and Roblin District Health Centre transferred the ownership of their facilities to the Regional Health Authority.
- Approximately 600 employees in Home Care, Mental Health, Public Health, and Laboratory/Diagnostic Imaging were transferred from Manitoba Civil Service to the Parkland Regional Health Authority.
- Ste. Rose Hospital, Dr. Gendreau Memorial Personal Care Home, McCreary-Alonsa Health Centre, St. Paul's Nursing Home, Winnipegosis General Hospital & Mossey River Personal Care Home, and Swan Valley Health Facilities opted to enter into service agreements with the Regional Health Authority under the terms of the Regional Health Authorities Act. Negotiations continue with these facilities for the completion of service agreements.
- An Emergency Medical Services Agreement between the Province of Manitoba and the Manitoba Medical Association prevented a withdrawal of physician services and established funding for Emergency Medical Services coverage in Dauphin, Ste. Rose, Winnipegosis, Swan River, and Roblin. (Grandview and McCreary physicians continue to provide emergency services but were not funded under the program.)
- Recruitment of physicians to under-serviced rural areas has been a challenge for the Province and for this Region. Efforts to recruit in Grandview, Ste. Rose, and Roblin have been fruitful. The services of an obstetrician/ gynecologist have also been established in Dauphin during this fiscal year.
- 911 Service was established in the Roblin Ambulance area in 1997/98. Dauphin, Grandview, Ste. Rose, and Swan River services are expected to move to 911 service in 1998/99. (Decisions regarding opting for 911 coverage is Municipal; however, Ambulance Services covering those service areas must have the necessary Fleet Net equipment to respond to 911 calls.
- Renovations to the Dauphin Regional Health Centre in 1997/98 will provide better space for Intensive Care and Chemotherapy programs, additional capacity for Dialysis and Observation, and the establishment of a 10 bed designated Psychiatric Acute Care Unit for the Region.
- Renovations in Swan River created an additional Chemotherapy Outreach Program to service the northern area of the Region.
- The Manitoba Labour Board determination of bargaining unit appropriateness in the Health Care sector called for the establishment of no more than five bargaining units: physicians, nurses, paramedical/ technical/professional, institutional support workers, and community based support workers. Where facilities in programs transferred to the RHA and multiple bargaining units exist, preparations commenced in 1997/98 for runoff votes to determine the agent that will represent these components.

It has been a privilege and an honour to serve the Parkland Regional Health Authority Board and the residents of our Region over the past year. It has been a pleasure to work with the Staff of the Authority and the management of the Agencies and Organizations funded by the Authority over the past year. Many have put forward exemplary efforts and countless hours in establishing and organizing the workings of our Health Region.

The work undertaken during 1997/98 has laid a solid foundation for the plans and programs that will be developed, implemented, or enhanced in 1998.

Respectfully submitted,



André Rémillard
Chief Executive Officer

BOARD OF DIRECTORS

René Maillard
Chairperson
Ste. Rose du Lac

Terry Yates
Vice-Chairperson
Dauphin

Annie Mitchell
Roblin

Borden Hawryluk
Roblin

Dorothy Hrymack
Alonsa

Dwight Hopfner
Ste. Rose du Lac

Leonard Chartrand
Waterhen

Mel Graves
Grandview

Peter Terekoff
Swan River

Wilbert Schoenrath
Swan River

William Kushniryk
Swan River

Sandra Harrison
Winnipegosis
Resigned September 97

Gloria Cameron
Dauphin
(Resigned May 98)

E. Al Crippen
Dauphin
(Resigned May 98)

HEALTH STATUS HIGHLIGHTS

The following health status highlights have been extracted from the Community Health Needs Assessment conducted by Parkland Region in 1997/1998.

- Parkland has high rates of hospital utilization and long stays for cardiovascular, respiratory, and digestive diseases.
- Parkland rates of mammography and cervical screening are much lower than provincial rates.
- Parkland has one of the highest rates of diabetes in the province.
- Parkland has high utilization of hospitals, physicians, pharmaceuticals and emergency departments.
- Emergency Department use shows high numbers of non-urgent cases in many facilities (38% - 90%).
- Hospitals and physicians are available and reasonably accessible to Parkland residents. Specialists are less accessible in the region.
- Parkland has almost 500% higher utilization of short stay pediatric beds than the provincial average.
- Parkland has few low birth weight babies, however, there are significant numbers of high birth weight babies which can increase the risk of development of diabetes and obesity.
- Parkland has a higher immunization rate than the rest of the province for almost all age groups and vaccines.
- Parkland has high levels of gastrointestinal disease in First Nation children.
- Almost 20% of the pregnancies in Parkland occur in the teen years.
- There are growing numbers of inactive, obese children and youth.
- There is a shortage of appropriate foster homes available in the Parkland region for all age groups.
- Parkland has high rates of students using alcohol and drugs.
- Since 1987, the utilization of Home Care has increased by 60%. In 1997 Home Care demands were for heavy nursing care to medically complex clients.
- Case Coordinators in the Parkland region handle more than 115 clients each. The provincial standards call for 65 clients per Case Coordinator.
- There is a wide range of supports to seniors in major service centres.
- Parkland homes are less costly than those in many other regions of the province.
- There is strong community and volunteer spirit.
- 19% of the population in Parkland is over 65 years of age.
- Parkland is the poorest region, with the lowest average household income, and the highest percentage of households with an income of less than $20,000.
- Approximately 10% of families in the region are headed by single parents.
- 27% of the population in the region has less than a grade 9 education.
- 28% of the population is engaged in farming.
- Water Quality Index readings rate most of Parkland rivers as only fair.
- The incidence of waterborne diseases in the First Nations communities is many times higher than the general population.

1997/98 YEAR'S ACTIVITIES

Much of 1997/98 was dedicated to data gathering, consultations, meetings, and writing regarding the Community Health Needs Assessment, the Ethelbert Community Health Resource Centre, the three-year Regional Health Plan, and the development of the Regional Health Authority.

Community Health Needs Assessment

In May 1997, the Community Health Needs Assessment process began. For the next six months, more than one hundred volunteers and staff dedicated thousands of hours to data collection, analysis and summarization. The Health Assessment Report describes our health status and needs based on the determinants of health. The findings provide a foundation upon which we can build.

Ethelbert/Pine River Community Health Resource Centre

Initiated in 1996, the Ethelbert/Pine River Community Health Resource Centre (CHRC) Draft proposal was submitted to the RHA in January 1997. This proposal was re-worked in conjunction with the Citizen's for Rural Health Committee based upon the findings from the Community Health Needs Assessment. In March 1998 the document was completed and submitted for approval. The services and programs of the CHRC will be nurse-managed and coordinated, and will involve access to a variety of different service providers as appropriate.

1998-2001 Health Plan

In September, staff workgroups were formed to review each core service, identify main directions, and develop objectives for each service area. Workgroup reports were shared and validated with all core service workgroups, District Health Advisory Councils, and the Regional Health Authority Board. The Draft Health Plan was developed and responses were requested from the Board, staff, and the community. A second Draft Plan was developed based upon input. This plan was signed off by the Board in December and sent to Manitoba Health for approval. The development of the Health Plan would not have been possible without the involvement of numerous staff, volunteers and community members. The Health Plan outlines the Regional Health Authority's planned direction for the next three years.

Organizational Developments

The Parkland Regional Health Authority continues to develop as an organization. During 1997/98 the Board participated in an evaluation and development process, and refined the Vision, Mission, Values, and Policies.

The District Health Advisory Councils were formed and oriented to their role.

Corporate offices for the RHA were established.

An organizational structure was developed and several staff members were recruited.

Transfer Agreements were negotiated with health facilities in the region.

The Regional Health Authority assumed responsibility for the Civil Service staff in Community Health and Diagnostic Services.

Labour Board hearings were initiated regarding Bargaining Unit appropriateness.

Communication

To enable easier access, the RHA installed a 1-800 telephone number and began plans to develop a website. Residents of the region received one Regional Health Authority newsletter in 1997/98. A staff newsletter, "Regional Link", was produced and distributed to all health care workplaces in the region.

In March 1997, the Board passed a motion to open their meetings to the public. All Board meetings are publicized and presentations to the Board are encouraged.

Dauphin Hospital Renovations

Renovations at Dauphin Regional Health Centre during 1997/98 will expand the facility's capacity for Dialysis from 12 to 18 patients, introduce a 10 bed inpatient psychiatric facility to the Parkland Region, provide better space for Intensive Care and Chemotherapy programs.

Assumed Responsibility for Core Services

In 1997 the RHA assumed responsibility for delivering core health services throughout the region. A summary of the highlights of initiatives undertaken, and challenges for forthcoming years for the core services are as follows.

HEALTH PROMOTION/EDUCATION

Health Promotion/Education is the process of enabling individuals and communities to increase control over and improve their health. It focuses on achieving equity in health by providing equal opportunities and resources to enable people to achieve their optimum health potential. This includes improving life skills, encouraging healthy choices and increasing the opportunities for individuals to make healthy choices. Services include promotion of healthy lifestyles and practices, support for community groups, promotion of smoke free environments, health promotion in communities, schools and the work-place, health promotion with specific groups (e.g. seniors, multicultural groups, healthy communities), and health promotion for specific factors (e.g. tobacco control, heart health). These services are available from a variety of programs and are for persons across their life spans. They are delivered in a wide variety of settings including offices, schools, senior centres, facilities, homes and workplaces.

The Regional Health Educator has primary responsibility for health promotion/education. However, all Community Health staff and indeed all of the health service providers in Parkland Region share responsibility for the promotion and education of good health practices.

Highlights of New Initiatives
The Health Educator and other staff devoted significant time to the Community Health Needs Assessment and the PRHA Health Plan.

- A promotion campaign through partnership with the Cancer Society targeted Parkland communities and resulted in 7 of 25 recreation facilities going smoke-free.
- The Health Educator trained 29 additional facilitators for the Nobody's Perfect Parenting Program.
- A Rural Asthma Training and Educator Program (Asthma Trek) for health professionals was facilitated in partnership with the Manitoba Lung Association.
- School presentations involving approximately 1,000 students focused on healthy nutrition, self-esteem and Lungs Are For Life (smoking prevention).

Challenges and Responses

- Maximize effectiveness of health promotion/education by increasing partnership initiatives.
- Assist individuals and groups to meet their own education and promotion needs through facilitation and empowerment.
- Respond to increasing demands for service as more members of the public embrace health promotion.
- Increase public access to reliable health education information through creation of a PRHA website.
- Increase opportunities to partner on initiatives with other agencies and organizations, including aboriginal communities.

HEALTH PROTECTION

Health Protection Services safeguard the health and safety of the public. Enforcement of health protection is legislated through the Manitoba Public Health Act. Programs and services include communicable disease control, mandated environmental health protection and Medical Officer of Health services.

These services are provided in cooperation with Manitoba Health and Manitoba Environment and include immunization programs; management, control and prevention of communicable diseases; outbreak management; and investigation of health hazards, food-borne and water-borne diseases.

The need for Communicable Disease prevention and investigation is increasing. A total of 60 cases of giardia, 28 cases of shigella, 9 cases of salmonella, and 26 cases of Rubella were reported in the region during 1997. The Region is also receiving increasing requests for International Travel Health immunization, and an increase in the number of reports of possible rabies exposures (animal bites) for investigation.
These activities are carried out by a number of different health professionals employed by the PRHA (Public Health Nurses/Community Health Workers), Manitoba Health (Medical Officer of Health), Manitoba Environment (Health Inspectors), Federal Government (Medical Services Branch staff) and individual First Nations Communities.

Highlights of New Initiatives

- Utilized teleconferencing capabilities to coordinate an effective multi-disciplinary, multi-jurisdictional response to an outbreak of E. Coli 0157 (also known as VTEC or "Hamburger Disease") in the West District (Roblin and Tootinaowaziibeeng First Nation).
- Increased regional efforts to promote the 1997 influenza campaign resulting with an increase in the number of Parkland residents immunized. An increase of more than 1,000 doses were given over the 1996 campaign and 2,000 more doses than the 1995 campaign. Clinics were provided in 56 locations including 9 Senior's Drop In Centres and 27 Senior's Housing Units.
- Implemented an additional measles immunization into the regular preschool immunization schedule, and continued to educate schools and parents about this change in the requirement of measles immunization for school attendance.

Challenges and Responses

- Continue development and enhancement of working relationships across all sectors.
- Respond to increasing demand for services such as travel health counseling, rabies prevention and follow-up, new immunization programs.

- Need for central support to provide communicable diseases information on a timely basis for planning and evaluation purposes.
- Continue monitoring of water quality and water-borne diseases by the Medical Officer of Health.

PREVENTION & COMMUNITY HEALTH SERVICES

Prevention is anticipatory action taken to reduce the likelihood of undesirable health conditions. Prevention and community health services are directed at persons, families and groups in communities who are at risk for developing a health problem, disease or disorder, and at reducing hazardous environments. Services have traditionally been provided by a mix of public, private and volunteer agencies. Services include reproductive health, pregnancy/childbirth and parenting; services to seniors; nutrition education; prevention of injury, chronic diseases and substance abuse/addictions (including tobacco); family health; oral health; hearing services and diabetes education.

Traditionally, Public Health Nurses have played a key role in planning and delivering these services with a presence throughout the Region. Other service providers, such as the Diabetes Education Nurses/Dietitians, the Regional Audiologist, Health Educator, Services to Seniors Worker and Community Health Workers also play a key role in prevention education.

Highlights of New Initiatives

- Public Health staff initiated an on-site Child Health Clinic to the Little Steps Nursery based at the Dauphin Friendship Centre.
- Development of regional interdisciplinary committee to discuss a children and youth strategy for Parkland Region. This initiative resulted from a PRHA organized visit of representatives of the Manitoba Children & Youth Secretariat to Parkland Region.
- Developed a proposal for a Community Health Resource Centre for the Ethelbert/Pine River area in partnership with the Citizens for Rural Health.
- Organized two Child Development Clinics in Swan River and Dauphin in partnership with Family Services to provide developmental assessments for children under six years of age.
- Increased the availability of nursing services in diabetes education in the Swan River area through staff reassignment to address the waiting list for services and provide increased diabetes-related health promotion and prevention activities in the North District.
- The Health Educator was involved in many prevention initiatives on various topics such as active living, smoking cessation, wellness, dental hygiene, asthma, mental health, good nutrition, and addictions awareness.
- Funding was provided for two new congregate meal programs at Pioneer Baptist Lodge in Minitonas and Parkview Lodge in Dauphin, and additional funding was provided to support the expansion of the congregate meal program at Ste. Rose Leisure Apartments.
- The Region's 14 congregate meal programs received a total of $115,262 in Support Services to Seniors funding.
- The Dauphin Multi-Purpose Senior Centre received a grant of $19,300 to assist them with hiring a staff person.

- The Region's 5 Community Resource Councils (CRC) received a total of $105,188 in Support Services to Seniors funding. The CRC's coordinated transportation services, home maintenance services, shopping, friendly visiting, blood pressure clinics, information and referral, and personal emergency response systems.

Challenges and Responses

- The tracking of regional PRHA prevention initiatives across programs is being addressed to assist with the planning and evaluation of services.
- Access to new technologies and equipment will provide new opportunities to offer information to the public and other health providers.
- Demand for prevention services is increasing. The two new positions in the 1998/99 Health Plan, a second Health Educator and a Community Nutritionist, will assist in meeting the demand.
- In response to the demand for prenatal education in 1997/98 extra group classes have been scheduled.
- Funding of new Support Services to seniors' projects and expansion to existing projects.

TREATMENT SERVICES (ACUTE AND CHRONIC CARE)

These services provide active treatment to reduce the impact of medical conditions or disorders. People generally need acute-care services for short periods of time. Chronic-care services provide periodic treatment required for managing longer-term disorders, such as multiple sclerosis.

There are four levels of acute care available with primary care being the basic level of care. Primary care is usually the first contact a person has with a nurse, physician, or other health professional. These services are delivered at home, on an outpatient basis, in facilities, clinics or community health centres. Secondary care is provided by specialist-trained professionals in large community and regional hospitals. It comprises emergency, general medical and surgical, psychiatric, pediatric, obstetric and diagnostic services. Tertiary and quaternary care refer to more specialized diagnostic and treatment services that are provided on referral from other hospitals or physicians to teaching hospitals or other agencies.

Primary care services are delivered throughout the Region including existing facilities in Grandview, Roblin, Gilbert Plains, Ste. Rose, McCreary, Benito, Dauphin, Winnipegosis and Swan River. Secondary services are provided in Dauphin for general surgery, internal medicine, obstetrics and radiology. Tertiary and quaternary services to the Region (and the Province) are provided at the Health Sciences Centre or St. Boniface Hospital and may be out of province. Parkland Region is operating 5.6 acute care beds/1000 population for treatment services (246 beds).

Highlights of New Initiatives

- A chemotherapy program was added at Swan River Hospital in partnership with the Manitoba Cancer Treatment and Research Foundation (MCTRF).
- Renovations were completed at Swan River Hospital to accommodate relocation of the pediatric unit.
- Renovations were completed at the Dauphin Regional Health Centre resulting in the relocation of the Chemotherapy, Hemodialysis and Intensive Care Programs, the introduction of a two-bed Observation Unit and a 10 bed Psychiatric Acute Care Unit.

- In partnership with the Provincial Dialysis program, the Dauphin Regional Health Centre increased the Hemodialysis program capacity to accommodate 18 patients (previously 12 patients).
- Gilbert Plains Health Centre, Roblin District Health Centre, Grandview Hospital and the Dauphin Regional Health Centre transferred operations to the PRHA.

Challenges and Responses

- Completing operating agreements with all non-devolved acute care facilities (Ste. Rose Hospital, McCreary-Alonsa Health Centre, Swan River Hospital, Benito Health Centre and Winnipegosis General Hospital.
- Finalizing negotiations that will result in the establishment of acute inpatient psychiatric care at the Dauphin Regional Health Centre.
- Maintaining a cohesive, collaborative working relationship with all facilities in the region and across the Province.
- Responding to the concerns of the general public, physicians and staff during a period of change.

EMERGENCY HEALTH SERVICES

These services include hospital emergency department services, ground ambulance and ambulance dispatch services, and emergency health preparedness.

Hospital emergency services are provided at Dauphin, Swan River, Ste. Rose, Roblin, Winnipegosis, Grandview and McCreary. Services are provided on a 7 day 24 hour basis either through fee for service or contractual arrangements.

Ground ambulance services are provided from Swan River, Winnipegosis, Roblin, Ste. Rose, Dauphin, McCreary, Grandview, Waterhen, Ethelbert and Gilbert Plains with service coordination, administration, medical direction, training, and accounts management provided on a service by service basis.

A regional emergency health plan is in place and coordinated with the regional social services plan and provincial planning and disaster services. The Regional Medical Officer of Health (MOH) takes a lead role in ensuring human health is addressed and protected in time of disasters.

Regional mental health staff supports a Community Trauma Team consisting of trained volunteers. Volunteer staff is on call and available to provide early intervention to individuals and communities affected by critical incidents/traumatic events, such as murders or suicides.

Highlights of New Initiatives

- Emergency medical services and extended clinic models were developed at Dauphin, Swan River, Ste. Rose, Winnipegosis and Roblin through contract arrangements with local physicians in the respective locations.
- 911 Call/Dispatch became operational in the Roblin and Shell River area in January.

Challenges and Responses

- Continue to work with ambulance services and others concerning the expansion and implementation of the 911 system to other communities in Parkland Region.
- Establish a regional ambulance committee with responsibility to review ambulance services and recommend a regional ambulance plan.

- Review the regional emergency health plan to ensure it is updated and that an active response system is in place when required.
- Maintain cooperation and collaboration with Manitoba Health and Family Services in disaster preparedness and response.
- Recruit and train an adequate volunteer base to ensure region maintains competent Emergency Medical Responders.

DIAGNOSTIC SERVICES

Diagnostic Services in the Parkland Region encompasses the provision of basic laboratory, radiography (x-ray), ultrasound, and electrocardiography (EKG) tests and examinations. Services are provided to patients of hospitals and the surrounding communities, medical clinics and physicians offices.

All acute care facilities in the Parkland have Diagnostics Departments (McCreary/Alonsa Health Centre, Ste. Rose General Hospital, Dauphin Regional Health Centre, Winnipegosis General Hospital, Grandview District Hospital, Roblin and District Health Centre, Swan River Hospital). Visiting service is provided to Gilbert Plains Health Centre and Benito Health Centre.

Ultrasound is provided in Dauphin with a visitation service to Swan River, Ste. Rose and Roblin.

Professional services of a Radiologist are available in Region with a Radiologist based in Dauphin and itinerant service to Swan River.

Diagnostics staff performed 641,164 test/exams amounting to 4,174,581 units of workload during the 12 month period April/97 – March/98. This represents an increase of 8.9% over the previous year. All areas of service increased with Ultrasound and Radiography showing the greatest increase from 1996/97, 20.5% and 17.3% respectively. EKG and Laboratory showed moderate increases of 4.9% and 4.2% respectively. The departments in Dauphin, Swan River/Benito, Grandview/Gilbert Plains and Winnipegosis all had increased workloads with Ste. Rose, Roblin and McCreary showing slight to moderate decreases.

Highlights of New Initiatives

- Installation of a digital fluoroscopy/ routine radiography unit with laser imaging camera in Swan River in August/97 significantly increased the technological capability of providing more accurate diagnosis.
- Implementation of an evening rotation on weekdays in the Diagnostics department in Dauphin following the establishment of in-hospital emergency physicians enhanced the response to after regular hours emergencies.
- Initial steps taken in Swan River and Roblin to integrate clerical/reception with facilities.

Challenges and Responses

- Responding to the need for multiply skilled technologists is necessary as a result of a provincially operated training program for lab/x-ray assistants being discontinued in 1997.
- A coordinated response, including all Northern/Rural RHA's, is being explored to address the lack of trained ultrasound technologists and the waiting times for examinations.
- Reassess need for Computed Tomography (CT) scanning accessibility within the Region.

DEVELOPMENTAL AND REHABILITATION SUPPORT SERVICES

These services help to improve and maintain the functional independence of clients with impaired functioning from injury, chronic disorder or disability. Services are provided in a range of settings, including the home, health offices and as ambulatory and inpatient services in facilities.

Rehabilitation Therapy

Rehabilitation Therapy services work in partnership with people to restore function and promote independence through treatment, prevention, and health promotion activities. Services are designed to serve persons of all ages who have congenital or acquired physical and/or cognitive disorders.

Rehabilitation is directed to improving or maintaining mobility and self-care, and helps people adapt to their altered abilities, and the environment in which they live and work. Services include physiotherapy, occupational therapy and speech/language pathology.

The Parkland Regional Therapy Program is administered through the Swan River Valley Hospital Board with the assistance of a Regional Advisory Committee made up of participants throughout the Region. Staff receives professional supervision from the Director of Therapy Services.

Professional Therapists are based in Dauphin and Swan River and provide on site and visiting services throughout the Region to all acute care facilities, residents of personal care homes and community clients on referral.

Highlights of New Initiatives

- No new initiatives or actions undertaken during 1997/98.

Challenges and Responses

- Continue recruitment of professional staff to provide a consistent level of service.
- Maintain access to services in a fair and equitable manner across the Region.

Early Childhood Intervention

These services provide identification, assessment, intervention and support to children with disabilities that may impair their functional development.

Multi-disciplinary service is provided by physiotherapists, occupational therapists, speech therapist, audiologist, public health nurses, social workers, hospital staff, physicians and others throughout the region.

Highlights of New Initiatives

- Intersectoral case coordination and management with Children's Special Services and Family Services continued.
- Two Child Development Clinics facilitated in cooperation with the Child Development Clinic and Manitoba Family Services.

Challenges and Responses

- Ensure early case finding and intervention.
- Maintain opportunities for cross-sectoral information sharing and collaboration.

HOME BASED CARE

Home Care is a comprehensive community based program which provides essential in-home supports to individuals, regardless of age, who require community health care services or assistance with daily living. The philosophy of the program is that individuals are more likely to achieve and maintain a high level of well being in the familiar environment of their own home.

The Home Care program augments the resources of family and the community, using a model that emphasizes promotion of care in the home and delaying Personal Care Home placement as long as is safely possible. Services are provided to elderly and disabled adults and children who would otherwise be at risk in the community.

The Home Care program facilitates admission to an appropriate facility when maintenance in the community is no longer a viable option.

Home Care services have increased dramatically in volume and intensity over the past several years. The closing of hospital beds has placed higher expectations on the Home Care program and this trend is expected to continue as clients with more complex care needs are being looked after at home.

Although services are provided to all ages, the majority of clients are elderly. Parkland RHA has the highest proportion of elderly in the province (approximately 19% over age 65) and 10% are in receipt of Home Care, so the demands on the program are high.

Home Care case management includes assessment of care needs, coordination of home support services, ongoing reassessment and revision of care plans, provision of professional counseling, health teaching, crisis intervention and community education. Other services include Respite Care, Adult Day Programs, provision of equipment, and supplies and therapy services.

Recruitment and training of direct service staff and development of community resources to support this program are essential.

Activities of the Home Care program are carried out by professional and paraprofessional staff.

Case Coordinators are responsible for case management. They determine program eligibility, assess need for care at home or in Personal Care Home and coordinate a broad range of services. They also act as liaison with hospital staff in discharge planning.

Resource Coordinators are responsible for hiring, orientating, scheduling and supervising Direct Service Workers (Registered Nurses, Licensed Practical Nurses, Home Care Attendants and Home Support Workers).

Costs

Expenditures for Home Care Assistance were $6,587,754 in 1997/1998 compared to $5,226,600 spent in 1996/97. This represents an overall increase of 21% over the previous year, which is mainly due to increases in volume and intensity of service. The number of service hours for the year was 455,425, which represents an increase of 24% over the previous year.

Highlights of New Initiatives

- In response to the increasing workloads and in an effort to better meet the needs of communities alternate methods of service delivery are being explored.

- The provision of seven day/week service for Resource Coordination in order to meet the after hours needs of the program is being addressed.
- Both Case Coordinators and Resource Coordinators are currently carrying workloads at least 50% higher than provincial standards.

Challenges and Responses

- Development of a Home Care IV program.
- Alternatives to 12 hour and 24 hour care in the community through more efficient utilization of resources.
- Address training needs of the Direct Service workforce.
- Development of a comprehensive Regional Palliative Care program.
- Computerization as a Case Management tool.
- Address the need for additional staffing to meet demands of increasing workloads.

LONG TERM CARE

The goal of long-term care is to maintain or increase a person's physical, social and psychological functioning to a maximum level, to promote functional independence and improve quality of life. Care is provided in the least restrictive environment possible to people whose functional capacities are chronically impaired or at risk of impairment. Personal Care Homes provide residential long-term care, adult day care programs, and respite care.

Residential long term care is provided in 11 Personal Care Homes located throughout the Region, namely Dauphin Personal Care Home, Grandview Personal Care Home, Gilbert Plains Health Centre, Crocus Court at Roblin District Health Centre, Swan Valley Lodge, Swan River Personal Care Home, McCreary/Alonsa Health Centre, Dr. Gendreau Personal Care Home, Benito Health Centre and Winnipegosis-Mossey River Personal Care Home. Parkland Region has 86.5 beds/1,000 over the age of 70 years (a total of 545 beds) compared to a provincial average of 80 beds/1000 over the age of 70 years.

Adult Day Care is provided in 8 Personal Care Homes, namely Swan Valley Lodge, Benito Health Centre, Crocus Court at Roblin Health Centre, Dr. Gendreau Memorial Personal Care Home, Gilbert Plains Health Centre, Grandview Personal Care Home, McCreary/Alonsa Health Centre, and St. Paul's Home in Dauphin.

Four long-term care facilities have a total of 9 designated respite beds available for short term care to provide planned relief for family/care givers as part of a home care plan. Inventory includes Crocus Court at Roblin Health Centre, Dauphin Personal Care Home, Gilbert Plains Personal Care Home, and Grandview Personal Care Home. Acute care facilities in McCreary, Ste. Rose, Swan River, Winnipegosis and Benito utilize hospital beds for respite purposes as demand dictates the need and beds available for this purpose.

Highlights of New Initiatives

- Gilbert Plains Health Centre, Crocus Court at Roblin Health Centre, Dauphin Personal Care Home at the Dauphin Regional Health Centre and the Grandview Personal Care Home transferred their operations to the PRHA.
- Personal Care Home waiting lists continue to drop with 85 on the waiting list in April/97 and 53 as of March 31/98.

Challenges and Responses

- Completing operating agreements with all non-devolved facilities providing long term care (Dr. Gendreau Personal Care Home, Winnipegosis-Mossey River Personal Care Home, McCreary-Alonsa Health Centre, Swan Valley Lodge and Swan Valley Personal Care Home).
- Continue partnerships between long term care facilities and the Home Care Program to facilitate access to respite care and adult day care programs.
- Strengthen linkages between acute care, chronic care, long term care and home care to ensure care is provided in the most appropriate and least restrictive setting.
- Establish a multi-disciplinary committee to review the needs of cognitively impaired persons and make recommendations to address service needs and gaps. Currently 54% of Personal Care Home residents have a diagnosis of dementia/Alzheimer's.
- Review the adult day program to ensure the program is meeting needs and that spaces are adjusted, as needs change across the region.
- Review PCH Drug Program funding models with Manitoba Health with a view of addressing the need for equitable and fair funding for all personal care homes.

MENTAL HEALTH SERVICES

Mental Health Services ensure that those who suffer from mental distress receive the care, services and support they need to live with optimal independence and health status. The model for community based mental health services includes an emphasis on working partnerships, building support networks and multidisciplinary service delivery/coordination.

Target groups include children and adolescents with mental health problems; adults with acute psychiatric needs; adults with severe and persistent mental illness and older adults with mental health problems.

Services include assessment, identification and case management; acute care treatment; mobile crisis intervention; crisis stabilization; long term care and treatment; supportive housing; self help and family support; intensive case management; psychosocial rehabilitation including employment support/social recreation and prevention/promotion/public education services.

Assessment, identification, case management, intensive case management, psychosocial rehabilitation and employment development services are provided by multidisciplinary, specialized community mental health workers to meet the needs of the identified target groups. Workers are based in Dauphin, Swan River, Ste. Rose and Roblin and provide services to all areas of the Region. Proctors are employed on a casual basis to provide assistance to individuals living in supportive housing throughout the Region.

Mobile Crisis Services to Central, East and West Districts are provided by staff based in Dauphin while service in the North District is provided by the Community Mental Health Association (CMHA) in Swan River. This organization also operates a 4 bed Crisis Stabilization Unit and provides support to housing, social/recreational activities for clients and some public education services on behalf of the RHA.

Prevention, promotion and public education services are provided in partnership with self-help groups, other programs and community groups.

Highlights of New Initiatives

- Self-help Groups (Society for Depression and Manic Depression, Manitoba Schizophrenic Society and Anxiety Disorders Association of Manitoba) funded by Manitoba Health to provide self help services (group and peer support) in South Parkland as well as region wide awareness and education programs.
- Renovations at the Dauphin Regional Health Centre completed to accommodate the 10 bed Acute Psychiatric Unit.
- Planning for opening of the Acute Psychiatric Unit including staff recruitment initiatives undertaken.
- Outreach initiatives undertaken to recruit a resident psychiatrist.
- The Mobile Crisis Services in Parkland South became fully operational and Mobile Crisis Services implemented in North District through CMHA, Swan River Branch.
- The Regional Mental Health Council has continued to meet in an advisory capacity to the RHA and Manitoba Health through the Provincial Mental Health Advisory Council.
- The numbers of clients referred for intake and assessment have increased as resources available and accessible within region.
- Partnerships with CMHA Swan River Branch and Support to Housing Inc. have continued to ensure support to clients living in supportive housing.

Challenges and Responses

- Strengthen linkages and collaboration between Mental Health Programs and other service providers.
- Recruitment of a Resident Psychiatrist with provision for backup services.
- Opening of the 10 bed Acute Psychiatric Unit at the Dauphin Regional Health Centre.
- Recruitment of two fully trained Ph.D. level psychologists to provide service to the Acute Care Unit and other Community Mental Health programs throughout the Region.
- Development of a service contract/funding agreement with CMHA Swan River Branch.

SUBSTANCE ABUSE/ADDICTIONS

The goal of these services is to achieve a healthier society by reducing the abuse of alcohol, other drugs and gambling. Services include assessment, treatment and support services for individuals and families with substance abuse/addiction problems.

Though the Parkland Health Region serves a role in addictions treatment, the Addictions Foundation of Manitoba carries the primary responsibility for the delivery of addictions/substance abuse related services in the Province.

Detoxification services are provided by medical/hospital facilities throughout the region. In particular, Ste. Rose Hospital provides detoxification services for patients arriving at the residential care facility (Willard Monson House) from other areas of the region or parts of Manitoba.

Early intervention services (education, identification, support and referral) are provided by staff of the Addictions Foundation of Manitoba (AFM) based in Dauphin and Swan River. Visiting services are also provided by the AFM to Roblin, Grandview, Winnipegosis and

Ste. Rose and on a request basis throughout the region.

Early intervention may also occur within acute care facilities at a primary care level.

Residential and non-residential treatment services are provided by the AFM at Willard Monson House in Ste. Rose; by referral to other residential centres in Brandon, Winnipeg or Thompson; or through individual or group programs offered by AFM community program staff.

Highlights of New Initiatives

- Partnerships were continued between facilities/AFM/health programs and other agencies to ensure coordination across the service delivery system.
- AFM took a lead role in the development of this core service for the Region's Health Plan.

Challenges and Responses

- In partnership with AFM, develop a plan to address the need for increased awareness and training of health care professionals across the region.
- Enhance partnerships with AFM and others to address needs and gaps in services to youth requiring treatment services.

PALLIATIVE CARE SERVICES

These services provide skilled compassionate, interdisciplinary professional and volunteer care for people whose disease does not respond to curative treatment. The goal is the best quality of life for individuals and their families. Service must be flexible and integrated, and may be provided at home, in residential care facilities or hospitals. An individual may be moved from home to a care facility for symptom management or to provide respite for the primary care giver.

Within Parkland Region palliative care beds are provided within a variety of settings on both a formal and informal basis and the home care program supports palliative care patients and their families in their own homes.

Highlights of New Initiatives

- A palliative care suite was opened at the Ste Rose Hospital in February 1997.
- Renovations were undertaken at the Swan River Hospital to address establishment of a palliative care unit.

Challenges and Responses

- Establish a regional palliative care committee with cross program intersectoral membership to address patient and family service, direct client service, volunteer, fund raising and pastoral care.
- Develop of a regional palliative care program that embraces a regional philosophy and addresses the needs of individuals, families and significant others.

MEDICAL SERVICES

Family medicine physician services are available throughout the Region with Physicians located in the communities of Dauphin, Grandview, Roblin, Swan River, Winnipegosis, Ste. Rose, and McCreary. Visiting general medicine services are available to the communities of Gilbert Plains, Benito and Ethelbert. Resident general surgery, internal medicine, obstetrical and radiology services are available from Dauphin. Physician services available to the Region on a visiting basis include psychiatry, geriatrics, dermatology, pediatrics, orthopedics, oral surgery, ear, nose and throat,

podiatry, opthamology, infectious diseases and rehabilitation medicine.

Strong linkages exist between the RHA, Dauphin Regional Health Centre, University of Manitoba Family Practice Residency Program, and Dauphin/Ste. Rose Physicians.

For the most part medical services and primary care are delivered out of medical clinics and existing facilities with physicians remunerated on a fee for service basis. The communities of Grandview and McCreary each have two full time contract physicians with remuneration on a salaried basis.

Highlights of New Initiatives

- Emergency Medical Service contracts implemented at Dauphin, Roblin, Swan River, Winnipegosis and Ste. Rose facilities as a result of the agreement reached between the Manitoba Medical Association and Manitoba Health.
- Recruitment efforts were successful at Roblin with the full complement of 3 Physicians in place by the end of March 1998.
- Successful recruitment of an obstetrician to provide in region obstetrical/gynecological services.

Challenges and Responses

- Review and address the need for additional specialist services in the Region.
- Continue to support the planned expansion of the Parkland Family Practice Residency Program.
- Address local access for remote communities by promoting the provision of a travelling primary health clinic.
- Appropriate 24 Hour 7 day emergency response systems in areas served by one or two physicians.
- Sustaining medical manpower in low volume communities.

Financial Statements of

PARKLAND REGIONAL HEALTH AUTHORITY INC.

Year Ended March 31, 1998

MEYERS NORRIS PENNY

PARKLAND REGIONAL HEALTH AUTHORITY INC.

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Year Ended March 31st, 1998

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MEYERS NORRIS PENNY

AUDITORS' REPORT

To the Board of Directors

We have audited the Statement of Financial Position for Parkland Regional Health Authority Inc. as at March 31st, 1998 and the Statements of Operations, Changes in Net Assets, and Cash Flow for the year then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements presents fairly, in all material respects, the financial position of Parkland Regional Health Authority Inc. as at March 31st, 1998 and the results of its operations and the changes in its cash flow for the year then ended in accordance with generally accepted accounting principles.

Meyers Norris Penny

Chartered Accountants

Dauphin, Manitoba
September 17th, 1998

CHARTERED ACCOUNTANTS
32 - 2ND AVE. S.W., BOX 6000, DAUPHIN, MB R7N 2V5 PH. (204) 638-6767 FAX (204) 638-8634

PARKLAND REGIONAL HEALTH AUTHORITY INC.

STATEMENT OF FINANCIAL POSITION
MARCH 31, 1998

	OPERATING FUND	CAPITAL FUND	Total 1998
ASSETS			
CURRENT ASSETS			
Cash and term deposits	2,125,781	186,776	2,312,557
Short term investments	536,268	424,354	960,622
Accounts receivable	1,504,927	5,944	1,510,871
Inventory	727,101	-	727,101
Prepaid expenses	142,525	-	142,525
Deferred expenses	1,207,107	-	1,207,107
	6,243,709	617,074	6,860,783
DEBENTURE HOLDBACK	-	7,554,372	7,554,372
CAPITAL ASSETS	-	32,865,675	32,865,675
	6,243,709	41,037,121	47,280,830
LIABILITIES, DEFERRED CONTRIBUTIONS AND NET ASSETS			
CURRENT LIABILITIES			
Bank indebtedness	32,878	97,221	130,099
Accounts payable	1,128,847	390,224	1,519,071
Accrued liabilites	1,695,426	-	1,695,426
Interfund payable (receivable)	(388,330)	388,330	-
Current portion of loan and mortgage payable	-	2,403,872	2,403,872
	2,468,821	3,279,647	5,748,468
LONG-TERM LIABILITIES			
Loans and mortgages payable	-	25,388,180	25,388,180
Less: current portion of loans and mortgages	-	(2,403,872)	(2,403,872)
	-	22,984,308	22,984,308
DEFERRED CONTRIBUTIONS	500,445	7,621,253	8,121,698
NET ASSETS			
Invested in capital assets	-	6,890,161	6,890,161
Internally restricted	126,422	138,530	264,952
Unrestricted	3,148,021	123,222	3,271,243
	3,274,443	7,151,913	10,426,356
	6,243,709	41,037,121	47,280,830

ON BEHALF OF THE BOARD:

..... DIRECTOR

..... DIRECTOR

PARKLAND REGIONAL HEALTH AUTHORITY INC.

STATEMENT OF CASH FLOW
YEAR ENDED MARCH 31, 1998

	1998
CASH PROVIDED BY (USED IN):	
OPERATING	
Excess (deficiency) of revenues over expenditures	698,871
Amortization of capital assets	1,559,123
Amortization of deferred contributions	(195,978)
Transfer of donation fund equity	(238,977)
Net change in non-cash working capital (Note 8)	(573,819)
	1,249,220
INVESTING	
Proceeds on disposal of investments	416,847
Purchase of capital assets	(2,238,059)
Increase in deferred contributions	2,166,903
	345,691
FINANCING	
Debenture holdback	(757,104)
Repayment of long term debt	(536,375)
	(1,293,479)
NET INCREASE (DECREASE) IN CASH DURING YEAR	301,432
CASH, BEGINNING OF YEAR	1,881,026
CASH, END OF YEAR	2,182,458
CASH CONSISTS OF:	
Cash and Term Deposits	2,312,557
Bank Indebtedness	(130,099)
	2,182,458

NOTES TO THE FINANCIAL STATEMENTS
MARCH 31, 1998

1. AUTHORITY

The Parkland Regional Health Authority Inc. was incorporated on January 2, 1996. The Corporation is responsible for planning, coordinating and providing health services within the geographic area know as the Parkland Region of Manitoba.

2. OPERATIONS

During the year the following facilities joined the Authority as devolved facilities:

- Dauphin Regional Health Centre
- Gilbert Plains Health Centre
- Roblin District Health Centre
- Grandview Personal Care Home Inc.
- Grandview Hospital District No. 3B
- Dauphin & District Ambulance Service

The above facilities, along with Parkland Regional Hospital Laundry Ltd., a corporation controlled by Parkland Regional Health Authority Inc., have been consolidated in these financial statements.

3. SIGNIFICANT ACCOUNTING POLICIES

The financial statements have been prepared in accordance with generally accepted accounting principles, and include the following significant accounting policies:

REVENUE RECOGNITION

The Authority follows the deferral method of accounting for contributions which include government grants and donations.

The Authority is funded primarily through grants from Manitoba Health. Operating grants are recorded as revenue in the period to which they relate. In accordance with funding arrangements with Manitoba Health, estimated final settlements are accrued in the fiscal period to which they relate. Where a portion of a grant relates to a future period, it is deferred and recognized in that subsequent period.

Where a grant or other restricted contribution is received but relates to expenses of one or more future periods, it is deferred and recognized as revenue in the same period as the related expenses are recognized. Contributions restricted for the purchase of capital assets or to repay a mortgage as a lump sum are deferred and amortized into revenue at a rate corresponding with the amortization rate for the related capital assets.

FUND ACCOUNTING

The accounts of the Authority are maintained in accordance with the principles of fund accounting. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) The operating fund reflects the primary operations of the Authority including revenues received for provision of health services from Manitoba Health together with billings to patients, the federal government and other agencies for patient and client services. Other revenue consists of investment income, donations, recoveries and other miscellaneous income.

ii) The capital fund primarily reflects the equity of the Authority in capital assets after taking into consideration any associated long term debt and deferred contributions which is reflected as "Investment in capital assets". The unrestricted equity relates to other net assets remaining in the capital fund.

CAPITAL ASSETS

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets are amortized on a straight line basis over their estimated useful lives as follows:

Buildings	2.5%
Automotive & Other Equipment	10% to 20%

INVENTORIES

Inventory consists of general stores, pharmacy, laboratory, linen & other. All inventories are valued at cost on the first in, first out basis.

INVESTMENTS

Investments are recorded at the lower of cost or net realizable value.

4. CAPITAL ASSETS

	1998		
	Cost	Accumulated Amortization	Net Book Value
Land	298,957	-	298,957
Buildings	42,722,312	12,278,360	30,443,952
Automotive & Other Equipment	11,480,133	9,357,367	2,122,766
	54,501,402	21,635,727	32,865,675

NOTES TO THE FINANCIAL STATEMENTS
MARCH 31, 1998

5. LONG TERM DEBT

Title of Issue	Interest Rate	Annual Repayment Terms	Annual CMHC Subsidy	1998
Gilbert Plains Health Centre				
Province of Manitoba	11.125 %	$80,450 principal plus interest	111,651	884,950
Grandview Personal Care Home				
Canada Mortgage & Housing Corporation	8.00 %	$2,245 per month including interest		301,904
Roblin District Health Centre				
Canada Mortgage & Housing Corporation	8.00 %	$2,679 principal plus interest		367,347
Province of Manitoba - Debenture Payable	10.00 %	-		4,000
Parkland Regional Hospital Laundry Inc,				
Dauphin Plains Credit Union Ltd.	6.50 %	$11,550 plus interest		18,286
Dauphin Regional Health Centre				
CIBC - Banker's Acceptance	5.45 %	Full amount due on June 22, 1998		197,407
CIBC - Banker's Acceptance	5.45 %	Full amount due on June 22, 1998		1,977,680
Canada Mortgage & Housing Corporation	9.625 %	$7,044 per month including interest		994,606
Debenture Payable	15.75 %	$23,000 per annum paid on August 31		92,000

Title of Issue	Interest Rate	Annual Repayment Terms	Annual CMHC Subsidy	1998
Debenture Payable	10.125 %	Semi-annual interest paid on February 2 and August 2		20,550,000
				25,388,180
Less: Current portion				2,403,872
				22,984,308

For each of the mortgages, the Board has pledged the related buildings as security.

6. DEFERRED CONTRIBUTIONS

EXPENSES OF FUTURE PERIODS

Deferred contributions related to expenses of future periods represent unspent externally restricted grants for major repairs and construction projects.

Balance, beginning of year	104,320
Current year contributions	17,880
Amount recognized as revenue	(2,527)
Balance, end of year	119,673

CAPITAL ASSETS

Deferred capital contributions related to capital assets represent the unamortized amount of funds received for the purchase of capital assets and the lump sum repayment of capital debt. The amortization of capital contributions is recorded as revenue in the statement of operations.

Balance, beginning of year	6,046,453
Capital loan payments by Manitoba Health	2,149,024
Amount amortized to revenue	(193,452)
Balance, end of year	8,002,025

7. NET CHANGE IN NON-CASH WORKING CAPITAL

Decrease (Increase) in accounts receivable	(407,690)
Decrease (Increase) in inventory	(11,306)
Decrease (Increase) in prepaid expenses	(4,432)
Decrease (Increase) in deferred expense	(18,849)
Increase (Decrease) in accounts payable	(140,981)
Increase (Decrease) in accrued salaries and vacation pay	9,439
	(573,819)

8. RELATED PARTY TRANSACTIONS

During the year, transfers of donations were made by many facilities to separate foundations established to administer these funds. These transfers amounted to $ 238,978 in 1998. As well, these financial statements include transactions with various Manitoba crown corporations, departments, boards and commissions related to the Board by virtue of its economic interest with the Government of Manitoba.

9. NON-DEVOLVED FACILITIES

The Authority provides funding for the provision of health services to several health corporations on a contract basis as described below:

• St. Paul's Home (Inc.)	$ 1,797,996
• McCreary/Alonsa Health Centre	1,620,211
• Hopital General - Ste. Rose - General Hospital	2,977,174
• Winnipegosis-Mossey River Personal Care Home Inc.	634,465
• Winnipegosis General Hospital	948,357
• Dr. Gendreau Memorial Personal Care Home Inc.	1,636,455
• Benito Health Centre	968,627
• Swan River Valley Hospital	6,024,375
• Swan River Valley Personal Care Home Inc.	1,657,754
• Swan Valley Lodge (1991) Inc.	1,690,981
• Swan River Hospital District No. 1	-
	$ 19,956,395

These corporations receive operating funding from the Authority on a monthly basis in accordance with budget amounts approved annually. All transactions by these corporations have been included in a summary of their financial position and results of operation, described below. These corporations have not been consolidated with the Authority because they are not controlled by the Authority.

10. COMPARATIVE INFORMATION

As a result of the assumption of responsibility for the provision of health care services in the Parkland area during the year and the substantial change in the magnitude of operations, no comparative figures have been provided.

11. FINANCIAL INSTRUMENTS

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit risk

The Board is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the Board's receivables are from Manitoba Health and other agencies. Therefore, the credit risk is felt to be minimal.

c) Fair Value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value.

  cash and short term investments
  accounts receivable
  accounts payable
  accrued salaries and vacation payable
  long term debt

- For investments, the fair value is considered to approximate the recorded cost values.

12. UNCERTAINTY - YEAR 2000 ISSUE

The Year 2000 Issue arises because many computerized systems use two digits rather than four to identify a year. Date-sensitive systems may recognize the year 2000 as 1900 or some other date, resulting in errors when information using year 2000 dates is processed. In addition, similar problems may arise in some systems which use certain dates in 1999 to represent something other than a date. The effects of the Year 2000 Issue may be experienced before, on, or after January 1, 2000, and, if not addressed, the impact upon operations and financial reporting may range from minor errors to significant systems failure which could affect an entity's ability to conduct normal business operations. It is not possible to be certain that all aspects of the Year 2000 Issue affecting the entity, including those related to the efforts of customers, suppliers, or other parties will be fully resolved.

PARKLAND REGIONAL HEALTH AUTHORITY INC.

SCHEDULE OF EXPENDITURES - ACUTE CARE SERVICES
YEAR ENDED MARCH 31, 1998

	OPERATING FUND	CAPITAL FUND	Total 1998
Medical remuneration and benefits	5,819,574	-	**5,819,574**
Pre-retirement leave	91,282	-	**91,282**
Salaries and other benefits	3,293,357	-	**3,293,357**
Medical, drugs and other supplies	1,203,675	-	**1,203,675**
Administration	649,995	-	**649,995**
Operations	213,592	-	**213,592**
Transportation	31,457	-	**31,457**
Dietary and other supplies	202,281	-	**202,281**
Housekeeping and other supplies	198,457	-	**198,457**
Facilities - utilities	510,270	-	**510,270**
- taxes	63,644	-	**63,644**
- repairs and other supplies	227,041	-	**227,041**
Amortization of capital assets	-	1,079,833	**1,079,833**
Interest on long term debt	2,104,730	-	**2,104,730**
	14,609,355	1,079,833	**15,689,188**

PARKLAND REGIONAL HEALTH AUTHORITY INC.

SCHEDULE OF EXPENDITURES - LONG TERM CARE SERVICES
YEAR ENDED MARCH 31, 1998

	OPERATING FUND	CAPITAL FUND	Total 1998
Medical remuneration and benefits	4,112,061	-	**4,112,061**
Pre-retirement leave	61,269	-	**61,269**
Salaries and other benefits	2,304,883	-	**2,304,883**
Medical, drugs and other supplies	277,178	-	**277,178**
Administration	562,377	-	**562,377**
Operations	250,738	-	**250,738**
Transportation	36,928	-	**36,928**
Dietary and other supplies	409,428	-	**409,428**
Housekeeping and other supplies	146,348	-	**146,348**
Facilities - utilities	263,451	-	**263,451**
- taxes	162,101	-	**162,101**
- repairs and other supplies	63,197	93,824	**157,021**
Amortization of capital assets	-	442,539	**442,539**
Interest on long term debt	323,448	-	**323,448**
Programs	13,027	-	**13,027**
	8,986,434	536,363	**9,522,797**

PARKLAND REGIONAL HEALTH AUTHORITY INC.

SCHEDULE OF EXPENDITURES - LAND AMBULANCE SERVICES
YEAR ENDED MARCH 31, 1998

	OPERATING FUND	CAPITAL FUND	Total 1998
Salaries and other benefits	269,535	-	269,535
Medical, drugs and other supplies	6,635	-	6,635
Administration	52,943	-	52,943
Transportation	42,375	-	42,375
Amortization of capital assets	-	23,678	23,678
Contract services	215,447	-	215,447
	586,935	23,678	610,613

PARKLAND REGIONAL HEALTH AUTHORITY INC.

SCHEDULE OF EXPENDITURES - REGIONAL AUTHORITY
YEAR ENDED MARCH 31, 1998

	OPERATING FUND	CAPITAL FUND	Total 1998
Medical remuneration and benefits	1,105,848	-	**1,105,848**
Salaries and other benefits	205,247	-	**205,247**
Administration	293,884	-	**293,884**
Amortization of capital assets	-	13,073	**13,073**
	1,604,979	13,073	**1,618,052**